

COMMONWEALTH OF KENTUCKY

Teen Pregnancy Prevention Strategic Plan

Department for Public Health

Division of Women's Health



CABINET FOR HEALTH AND FAMILY SERVICES

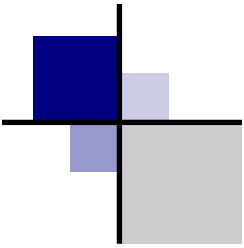
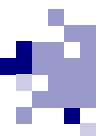


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Background

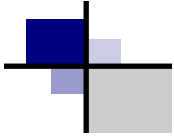
There are 454,896 teenagers living in Kentucky (ages 12-19, 2009 KY Office of Vital Statistics). They are our children, our neighbors, our patients, our students, our friends. They have dreams, goals, and aspirations. They want to play a crucial role in our communities. It has always been difficult to be a teenager but it seems today's teen faces more challenges than ever before. These challenges threaten their dreams, their goals and their role in the community. The teen of past generations' biggest worries were about acne, puberty or what they will do after graduation. Today's teenager faces issues that are more life-threatening and life changing including issues like eating disorders, youth violence, drug and alcohol abuse, teen pregnancy and many others.

The Department for Public Health, Division of Women's Health Adolescent Health Initiatives program has made a commitment to empower youth to achieve optimal health and well-being. This publication addresses teen pregnancy prevention. The Kentucky teen pregnancy prevention strategic plan is a program that reaches far beyond preventing sexual risk behavior. Its design encompasses education to teens of all ages to take personal responsibility for their actions and their health. It is a plan to ready adolescents for adulthood and to empower them to achieve their life goals.

Teen Pregnancy in Kentucky

The United States maintains the highest teenage pregnancy and birth rate of all the industrialized countries¹. Almost one in every three girls becomes pregnant at least once before the age of twenty.² The teenage birth rate in Kentucky is traditionally higher than the national average. In 2008, the birth rate for teenagers in Kentucky was 55.6 (births per 1,000 females ages 15-19) compared to the national rate of 41.6 per 1,000.^{3,4} Kentucky ranked 45th in the nation for teen birth rates in 2008.⁵ The nation celebrated a 6% reduction in teen birth rates for 2009 with a rate of 39.1 per 1000 females ages 15-19.³ Kentucky's teen birth rate for 2009 was 51.6 per 1000 females ages 15-19. This is a 7.5% drop from 2008.⁴ While we are encouraged by this decrease, we realize that there is much more work to be done. The teen birth rates for the Appalachian counties continue to be somewhat higher than the state rate but in 2009 the Appalachian rate dropped 6.25%. See the 2008/2009 KY Teen Birth Rate Table below.

2008/2009 KY Teen Birth Rate ⁴ (per 1000 females ages 15-19)			
	2008	2009	Change
National Teen Birth Rate	41.6	39.1	↓ 6%
State Teen Birth Rate	55.2	51.6	↓ 7.5%
Appalachian Counties	62.4	58.5	↓ 6.25%
Non-Appalachian Counties	52.4	47.4	↓ 10%



There are many consequences to teenage pregnancy compared to those who wait to have children. Consequences to the teenage mothers include low educational attainment, remaining unmarried, and living in poverty. Their children are more likely to be born at a low birth weight, grow up poor, live in a single-parent household, experience abuse and neglect and enter the welfare system. In addition, the daughters of teenage mothers are more likely to become teenage mothers themselves, while the sons are more likely to be incarcerated.⁶

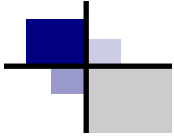
Assessing the Teen Pregnancy Problem in Kentucky

The Department of Public Health (DPH), Division of Women's Health (DWH) in collaboration with the Maternal Child Health (MCH) Division and the Kentucky Department of Education (KDE), Coordinated School Health (CSH) Program assessed the problem of teen pregnancy in 2009 and 2010.

Eleven public forums were held across the state in the summer of 2009. These forums were conducted by MCH and were done to identify public health needs in Kentucky. The attendees of the forums included area public health department staff, local physicians and dentists, local healthcare workers, area business people, area clergy, teachers, Family Resource/Youth Service Center (FRYSC) staff from public schools and any other interested community partners. Topics of discussion included oral health, tobacco use, prenatal care and breastfeeding, teen pregnancy, substance abuse, health care access and insurance, obesity and nutrition, and any other concern identified by the local community of a particular forum. All forums included attendees' participation in prioritizing the MCH health concerns in their particular locale. Teen pregnancy was the number one identified local problem in nine of the forums and the number two local problem in the other two forums. MCH surveyed the clients in their local health departments/districts through the fall of 2009 regarding the health concerns that they have for themselves and their families. Results of those surveys showed that their number one adolescent health concern is teen pregnancy.

A Sexuality Education Survey was sent to 521 middle and high schools in the 170 public school districts in the Commonwealth of Kentucky in October, 2009. This was designed, administered and evaluated by the Adolescent Health Initiatives Coordinator with support from the CSH Data team, which includes Kentucky Department of Education (KDE) staff. Two hundred-ninety-six schools (56%) from 137 districts (81%) responded. Significant findings report that the majority of responding schools teach some form of sexuality education in 7th, 8th, and 9th grade. Abstinence only or abstinence plus the use of condoms for disease control are taught in 54% of responding schools. Comprehensive sexuality education - defined as skills to communicate effectively and make responsible decisions, abstinence from sexual activity as a responsible method of preventing pregnancy and disease, forms of contraception, and prevention and treatment of sexually transmitted infections (STI) including HIV- is taught in 33% of the responding schools. Six percent of the schools reported teaching only about STI/HIV and 7% reported that they do not teach any form of sexuality education. Sexuality education is listed in the KDE required program of studies. Local control is given to individual schools to determine their interpretation of that mandate, curriculum and content.

Teen Impact Groups, a focus group format, were conducted in nine high schools across the Commonwealth by the Adolescent Health Initiative Coordinator and staff of the DWH in early 2010. Participants were students age 16 and older. Impact groups were conducted in urban, rural, alternative, and suburban schools. Mirroring the questions asked at the MCH Public Health Forums, the groups were asked to respond to four questions:



1) Why are teens getting pregnant and what are the problems that surround this issue? 2) What programs and services are in place at this time in your area that addresses teen pregnancy and prevention? 3) How would you fix the problem of teen pregnancy? 4) What are the barriers that prevent programs from occurring and keep teens from using these programs? A wealth of knowledge was gained from the teen participants of these groups and it has greatly impacted the direction of the teen pregnancy prevention program in Kentucky. Significantly, the teens reported that they want sexuality education every year or every other year to reinforce what they know and they want their parents to be better equipped to communicate with them. Secondly, the teens reported that they want more to do with their time and that they want to be involved in their communities. The groups also stated that they want more 'one on one' time with adults and that they need adult mentors who care. They stated that barriers to teen pregnancy prevention programs include a lack of time, a lack of funding, and a lack of volunteers and transportation.

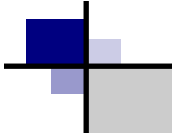
The use of 2008 public funds was assessed in the spring of 2011 by the DWH. It was estimated that teen pregnancy cost Kentucky taxpayers at least \$132 million in 2008. The source of these expenses is Medicaid expenditures for prenatal care, delivery, postpartum care and infant care for one year after birth, housing allowances, WIC (Women, Infant, and Children Program) expenditures, food stamps for teen mother and baby for one year, lost tax revenues, child care costs, and estimated yearly operational costs for special school programs addressing pregnant and parenting students. These costs do not include lost revenue to Kentucky public schools for missing school days and dropping out of school that often occur with pregnancy.

Strategies in Teen Pregnancy Prevention

A Kentucky Teen Pregnancy Prevention Team (KTPPT) was established and met in January, 2010. This team of 27 members includes public health educators from different areas of the state, DPH/DWH staff, MCH staff, Substance Abuse staff from the Department for Behavioral Health, physicians in Adolescent GYN and Pediatrics, community-based organizations that address teen pregnancy; Coordinated School Health (CSH) staff; FRYSC staff, a member of the Governor's Commission on Women, school nurses, and a teen mother. The team strategized the problem of teen pregnancy using information gathered from the MCH public forums, the sexuality education survey and the teen impact group. The team created a mission and developed four goals to address the issue of teen pregnancy in Kentucky.

The DWH held a Teen Pregnancy Prevention Summit on May 10, 2010. Attendees were public health educators and directors, school educators, FRYSC staff, staff from community-based organizations and other interested parties. The 175 participants represented 68 of the 120 counties in Kentucky. Participants chose a goal-specific workgroup in the afternoon. Each workgroup developed specific objectives that addressed one of the four goals set forth by the KTPPT in January. Developed objectives were shared with all participants and plans were made to publish this Teen Pregnancy Prevention Strategic Plan defining these established goals and objectives.

President Obama signed into law the Patient Protection and Affordable Care Act (commonly called the Health Reform Bill) on March 23, 2010. The Act amended Title V of the Social Security Act to include a new formula grant program entitled the Personal Responsibility Education Program (PREP) and reinstated the Title V State Abstinence Education Grant. In Kentucky, these funds will be administered by the Department for Public Health,



Division of Women's Health to provide age appropriate personal responsibility curriculum to youth in 5th- 12th grade and to provide parent and community education in over 77 participating counties.

Additional teen pregnancy prevention efforts are taking place at the state and local level. The Kentucky Teen Pregnancy Coalition (KTPC), a state-wide organization, participates in multiple activities in teen pregnancy prevention. KTPC provides a fall and spring conference to provide education and information to educators, health care providers and other interested persons. This organization provides resources and information on their website: <http://www.kytpc.org/> and advocates on a local and state level for teen pregnancy prevention efforts.

The University Of Louisville Kent School Of Social Work has received Federal Teen Pregnancy Prevention: Tier 2 grant funds to implement the Creating Healthy Adolescents through Meaningful Prevention Services Program (CHAMPS) in the Jefferson County area. Local coalitions designed to promote positive youth development exist in locations throughout the state.

Prevention of teenage pregnancies will improve the well-being of our teenagers, families, communities and children. Teenage pregnancy prevention will also decrease the social and economic burden so that educational, health and social resources can benefit a larger population.⁷





Strategic Plan

This strategic plan was developed through the collaborative efforts of the Kentucky Teen Pregnancy Prevention Team and the attendees of the 2010 Teen Pregnancy Prevention Summit. Reference will be made to the work of these strategic planning partners throughout this publication. A toolkit for teen pregnancy prevention has been developed by the Division of Women's Health to complement the strategic plan. A summary of the tool kit and how to obtain one is found at the end of this publication.

Mission

To empower youth to achieve optimal health and well-being

Overall Goal

To reduce teen births in Kentucky by 20% by the year 2020.

Goals

1. To conduct/implement age-appropriate personal responsibility and sexuality education throughout the Commonwealth of Kentucky.
2. To educate and engage parents and communities to initiate opportunities for positive youth development and involvement.
3. To implement ongoing awareness of teenage pregnancy prevention using multiple modes of communication.
4. Continue to provide all Kentucky youth with access to reproductive healthcare, contraceptives, and preventative services.



Goals, Strategies and Objectives

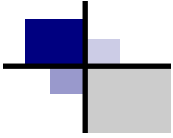
The goals, strategies and objectives outlined in this chapter were addressed by the strategic planning partners based on community and teen responses during the assessment of teen pregnancy in Kentucky. Each goal and objectives is based on responses of the teens and communities surveyed and attempts to cover the substance of each issue presented. This plan is intended to provide the teen pregnancy prevention stakeholders from all disciplines and in all areas of the Commonwealth the ability to move forward with their efforts. The plan can be best accomplished through a unified effort and clear communication.

Goal #1: Conduct/Implement Age-Appropriate Personal Responsibility and Sexuality Education throughout the Commonwealth of Kentucky

Components of personal responsibility and sexuality education are included in the Kentucky Department of Education Program of Studies guidelines for all school years (a copy of these guidelines are available in the Teen Pregnancy Prevention Toolkit). The amount of education students receive is based on the decisions of each local Site-Based Decision Making (SBDM) Council. Due to local control of curriculum, a student may or may not receive personal responsibility and sexuality education.

The value of adulthood preparedness education has come to the forefront of programs across the United States. Educators, national policymakers and program administrators recognize that youth need to be educated on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS, along with other adulthood preparation subjects that include, but are not limited to:

- ♦ Healthy relationships, such as positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions.
- ♦ Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity and other related subjects.



- ◆ Financial literacy.
- ◆ Parent-child communication.
- ◆ Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency and work-place productivity.
- ◆ Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills and stress management.

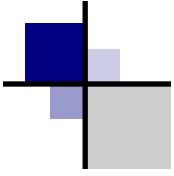
Teenagers⁸ have indicated that they want sexuality education taught every year. Teens emphasized that they prefer to be taught by teachers who are trained in sexuality education, who are not embarrassed about the topic and who are approachable by students. Teens also indicated that they want more time for small groups to discuss important adult preparation topics such as relationships and sexuality.

Strategic planning partners⁹ identified several weaknesses and barriers to this goal. A lack of funding and manpower were identified as problems. These are thought to stem primarily from a lack of policy mandating personal responsibility and sexuality education as well as a lack of awareness of the teen pregnancy problem. A lack of fidelity in teaching the curriculum was also cited as a serious problem. Community partners felt the reasons for this lack of fidelity stemmed from a lack of standardization of curricula, poor training of educators in the curriculum and minimal community support.

Strategies

- Offer sexuality education at least every other year, if not annually.
- Use collaborative efforts of policy makers, state officials and school officials to address curricula.
- Require educators to be trained in the specific curricula they have chosen to teach personal responsibility and sexuality education.
- Ensure that sexuality education curriculum is taught with fidelity.





Objectives

- Provide training and development opportunities for teenagers through mentoring, leadership opportunities and education.
- Enroll trained teenagers in educational programs targeting their peers as well as younger teens.
- Stakeholders will review the available toolkit and be knowledgeable about the benefits of age-appropriate, comprehensive personal responsibility and sexuality education and dispel common myths.
- Stakeholders will advocate for comprehensive personal responsibility and sexuality education, including life skills education, to local school officials, the school board, and parents. Venues for this include the PTO/PTA and SBDM Council.
- Maintain frequent and ongoing discussions with local school officials and policy makers as well as legislators and the governor to include objective facts regarding the benefits of personal responsibility and sexuality education and life skills. This can also include writing letters of support and signing petitions for personal responsibility and sexuality education. Please see toolkit for templates of these documents.
- Use available resources listed in the Teen Pregnancy Prevention Tool Kit available from DPH/Division of Women's Health.



Goal #2: Educate and engage parents and communities to initiate opportunities for positive youth development and involvement.

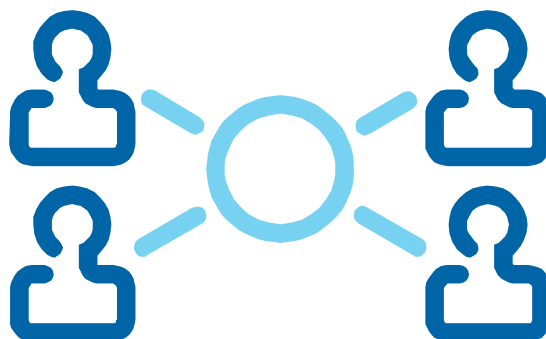
A statement found on the South Carolina Campaign to Prevent Teen Pregnancy website¹⁰ states, “As a community and as a state, we must recommit ourselves to our most valuable resource...our children. This is not a time to eliminate programs for teen pregnancy prevention – it is a time to reinvest in the programs that research has shown to be effective.” Kentucky stakeholders agree. The Division of Women’s Health and the strategic planning partners gratefully acknowledge that many solid and successful programs are in place across Kentucky. Yet, as they look at the 2009 Youth Risk Behavior Survey¹¹ and CDC Adolescent Health data³, they realize that Kentucky continues to struggle with high teen birth rates, high sexually transmitted disease rates and higher than average alcohol and marijuana use. There is still much work to be done.

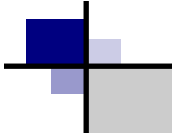
Communities that invest in teen pregnancy prevention garner huge public funds savings to their community and Kentucky. Teen pregnancy and births cost the taxpayers over \$132 million in 2008 alone.¹³ Results show that with continued dedication and focus, efforts to reduce adolescent pregnancy can be successful.

Many factors impact teens’ choices about sex, relationships, risk-taking behaviors and other life choices. Parents, school leaders, faith groups and other decision makers can all play a role to help prevent and reduce teen pregnancy in their communities and in our state.

Kentucky teenagers⁸ indicated they want more adult involvement in teenage activities as they perceive a lack of adult support for teenagers and their activities and services. Teenagers are looking for good role models (who are not naïve) and want to be more involved in the community. Teenagers want to openly discuss sexuality and adolescent development with their parents, but report they perceive stigma and disapproval from parents and other adults.

The strategic planning partners⁹ identified a perceived lack of administrative and civic support as a barrier to promoting teen pregnancy prevention, positive youth development and involvement in the community. They also found a lack of understanding regarding the culture of poverty to be a barrier in promoting positive youth development. A lack of effective communication, decreased paternal involvement and parental stigma have been noticed as well.



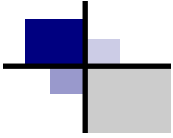


Strategies

- Educate parents and communities
- Develop and maintain a network for communication
- Provide community service opportunities for youth

Objectives

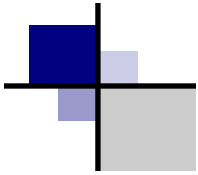
- Provide information for parents in novel ways such as conducting parent seminars and hosting information tables at school events (sporting events, orientation, parent's night, etc), and provide a parent newsletter via mass email focusing on parenting and youth development topics.
- Promote male and father involvement by including fathers on mailing lists and providing father-friendly activities, including parent education.
- Take advantage of funding opportunities to promote teenage pregnancy prevention. These are frequently found as federal, state, and private grants. For more information, recommended grant opportunities and assistance in applying for related grants, please refer to the Teen Pregnancy Prevention Toolkit provided by the Division of Women's Health (DWH).
- Make and take advantage of speaking opportunities to local civic groups and faith based groups regarding teenage pregnancy prevention and local youth development. Such groups may include the Rotary Club and Optimists.



Objectives *(continued)*

- Enhance or begin local coalitions. Details and suggestions regarding the development and implementation of a local coalition is available in the Teen Pregnancy Prevention Toolkit.
- Provide opportunities in the community and through local organizations for teenagers to participate in community service projects to promote positive youth development





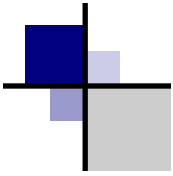
Goal #3: Implement ongoing awareness of teenage pregnancy prevention using multiple modes of communication.

Historically, when communities are aware of a problem, educated on successful interventions, and partner together to improve outcomes lives are impacted and positive change does, indeed, occur. It is imperative that the citizens of Kentucky, teenagers, parents, community members and leaders, be educated in the problems surrounding teen births and the need for teenage pregnancy prevention programs. Awareness must include the benefits of programs that prepare young people for adulthood and prepare them to face the challenges regarding sexual decisions and other social issues that many of the adults in the community did not have to face at their age. In fact, teenagers⁸ state that they want to know what resources are available for pregnancy prevention and adulthood preparation. They indicate they want to discuss pregnancy and sexuality but many state that they do not believe they have a way to do that with confidentiality. They also request improved social media and perhaps a blog site to openly and anonymously ask their questions and receive information.

The strategic planning partners⁹ expressed a desire for improved effective collaborative efforts with an increase of awareness and access to programs, social media and program availability. In addition, there was frustration expressed by the strategic planning partners that sexuality education and teenage pregnancy prevention programs are not a priority in many local education programs. Finally, the strategic planning partners acknowledged denial of the problem of teen pregnancy and other youth risk behaviors on a community level. They identified the need to make teen pregnancy prevention and positive youth development a priority in community action plans.

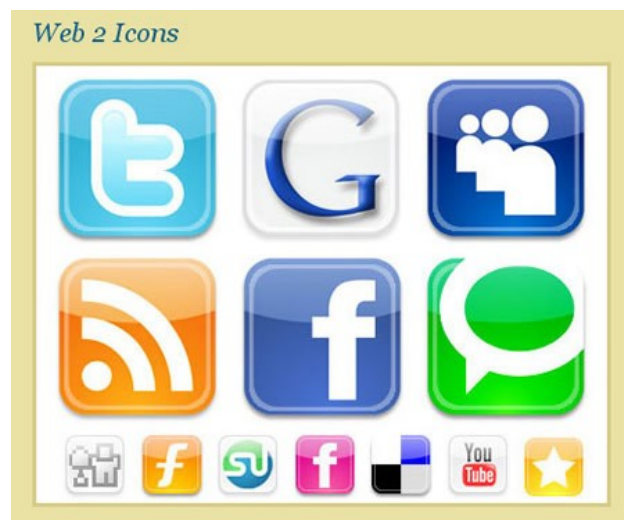
Strategies

- Achieve ongoing awareness of teenage pregnancy prevention programs to young people, parents and communities.
- Use multiple and effective modes of communication to disperse data, provide resources and present intervention methods.



Objectives

- Provide an avenue, such as a teen coalition, for teens to collaborate on teenage pregnancy prevention activities (social networking, public awareness events, etc.). Details and suggestions to accomplish this are available in the Teen Pregnancy Prevention Toolkit.
- Provide information on local and state levels through web pages, email, Facebook, Twitter or other blog sites.
- Conduct ongoing research to find innovative approaches to communicate with youth and their parents through social marketing and social networking.
- Organize an event in or near May to recognize national teen pregnancy prevention month.
- State partners will provide a yearly summit/conference to provide timely information on teen pregnancy prevention, applicable seminars and opportunities to network.





Goal #4: Provide all Kentucky youth with access to reproductive healthcare, contraceptives, and preventative services

Providing access to healthcare for all Kentuckians, including teenagers, has been a priority of the Department for Public Health and many other agencies throughout the Cabinet for Health and Family Services as well as other public and private agencies across the state. Reproductive healthcare access is provided in local health departments in all 120 counties across the Commonwealth and in private physicians offices and clinics. Local health departments in Kentucky are dedicated to teen pregnancy prevention and provide many community education activities to students and adults.

The law is clear on reproductive healthcare to minors. Kentucky law, KRS214.185(1) states:

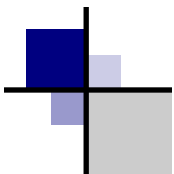
“Any physician, upon consultation by a minor as a patient, with the consent of such minor may make a diagnostic examination for [sexually transmitted diseases], pregnancy, alcohol or other drug abuse or addiction and may advise, prescribe for , and treat such minor regarding [sexually transmitted diseases], alcohol and other drug abuse or addiction, contraception, pregnancy, or childbirth, all with out the consent of or notification to the parent, parents, or guardian of such minor patient, or to any other person having custody of such minor patient.”

Teen pregnancy prevention stakeholders recognize that many services are being provided to the youth across the Commonwealth. Yet, there are some barriers to providing healthcare to adolescents in Kentucky. These barriers have been identified by healthcare professionals, public forum attendees, strategic planning partners⁹ and the teens participating in the teen impact groups⁸.

Confidentiality is key to many teenagers' willingness to seek sensitive health services such as reproductive healthcare. At the federal level, both Medicaid and Title X Family Planning of the Public Health Service Act guarantee confidentiality to teenagers seeking family planning services. Teenagers are afraid of the lack of confidentiality, particularly in smaller communities. Several teens⁸ from rural communities stated, “The health department staff know our parents. They are not going to keep quiet.”

Another barrier is that many teens report that they are unaware of services in their area. Teens also state that, even when they know of services offered in their community by the local health department and other healthcare providers, the services are often not convenient to their schedule (same as school hours) and/or the services provided are in a location that is not accessible to them due to transportation issues. There are some local health departments and private providers that provide evening and Saturday clinic hours. These clinics have reported positive outcomes by providing this service to the community.

Teen participants in most of the impact groups voiced complaints about past experiences with medical staff—both health department staff and private providers— who treated them “different” because they are a teen requesting reproductive services. Teens in some rural areas reported being denied



certain services because of their age. The strategic planning partners noted there are public clinics and private providers that are not “teen-friendly.” They cited lack of training in adolescent development and care as reasons for the perceived unfriendliness.

Healthcare providers attending the 2010 Teen Pregnancy Prevention Summit indicate that some insurance does not cover all contraceptives and this can be a barrier in receiving services. Local health departments in Kentucky offer reproductive services and charge based on income. Insurance and/or Medicaid can be billed, but adolescents may receive reproductive services based on their own income. Title X Family Planning and Title V Maternal and Child Health funding to all 120 local health departments in Kentucky assists in providing these family planning/reproductive health services.

Strategy

- Provide access to healthcare, contraceptives, and preventative services



Kentucky
UNBRIDLED SPIRIT™



Public Health
Prevent. Promote. Protect.



Objectives

- Increase the number of in-school health clinics across Kentucky through school and local health department collaborations. These clinics will provide multiple services to promote health and wellbeing.
- Educate state and local legislators about the advantages of school health clinics and solicit their support through calls, letters, and face-to-face conversations. Sample letters and a contact list can be found in the Teen Pregnancy Prevention Toolkit.
- Local health departments will offer brochures, flyers, bulletins and/or other modes of advertising to each school youth service center and community-based organizations describing available confidential family planning services.
- Continue to provide “teen-friendly” clinics and facilities by all health care providers including the local health departments. This can be accomplished by:
 - ⇒ promoting a non-judgmental and a non-threatening atmosphere
 - ⇒ assuring confidentiality
 - ⇒ Continuing education to staff regarding adolescent health and development, adolescent assessments, and effective education techniques
 - ⇒ providing information that is specific to adolescent health issues (not just adult issues)
- Continue to encourage local health departments to provide some hours of service convenient to teen access. Example: extended hours one night a week.



Conclusion

There are 454,896 teenagers living in Kentucky (ages 12-19, 2009 KY Office of Vital Statistics). They are our children, our neighbors, our patients, our students, our friends. They have dreams, goals, and aspirations. They want to play a crucial role in our communities. They face challenges unlike any generation before them.

A look at the 2009 YRBS¹¹ survey to high school students demonstrates some of the challenges that teens face today.

Behavior	KY Result	US Result
Ever had sexual intercourse	48.3%	46.0%
Had sexual intercourse before age 13	6.7%	5.9%
Used a condom during last sexual intercourse	59.9%	13.8%
Did not use medical birth control (birth control pills, Depo-Provera) before last sexual intercourse	72.4%	61.1%
Ever had at least one drink of alcohol	69.3%	77.1%
Used marijuana at least one time in the last 30 days	16.1%	72.5%
Offered, sold, or given an illegal drug by someone on school property	25.6%	22.7%
Drank alcohol or used drugs before last sexual intercourse	22.9%	21.6%
Rode with a driver who had been drinking alcohol one or more times in the last 30 days	20.9%	28.3%
Bullied on school property in last 12 months	20.8%	19.9%
Felt sad or hopeless almost every day for 2 or more weeks in the last 12 months	26.7%	26.1%
Seriously considered attempting suicide in the last 12 months	14.6%	13.8%
Carried a weapon on at least 1 day in the last 30 days (for example, a gun, knife or club)	21.7%	17.5%
Hit, slapped or physically hurt on purpose by their boyfriend or girlfriend in the last 12 months	15.5%	9.8%

More 2009 YRBS results are available at <http://www.education.ky.gov/KDE/Administrative+Resources/Coordinated+School+Health/Youth+Risk+Behavior+Survey.htm>

Teen pregnancy prevention is so much more than preventing a pregnancy. It is equipping youth to be prepared for adulthood. It gives teenagers the opportunity to reach their personal goals and to be a lifelong positive impact on their communities. It is providing them with decision making skills and positive self esteem that will have far reaching effects in their life and the lives they touch.



Conclusion

The old African proverb, “It takes a village to raise a child” is so true. It takes everyone working together: parents, community members, school administration and educators, local and state officials, health care administrators and providers. Teenagers are also a part of this equation. Their input in program design is invaluable.

The Division of Women’s Health and the Kentucky Teen Pregnancy Prevention Team will continue to work to provide updates in statistics, programs, and resources to encourage the partners who work to empower youth to achieve optimal health and well-being.



Additional Notes



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8. Information from teenagers cited in this publication is from information collected during the Impact Groups (a focus group format) conducted at 9 high schools throughout Kentucky by the Division of Women's Health in the Winter-Spring, 2009-2010. Participants ranged in ages from 15-18. More information may be obtained from Benita Decker, Adolescent Health Initiatives Coordinator at Benita.decker@ky.gov.
9. Strategic Planning Partners cited in this publication are members of the Kentucky Teen Pregnancy Prevention Team (KTPPT) and attendees of the 2010 Teen Pregnancy Prevention Summit held in May, 2010. These attendees strategized the four goals set forth by the KTPPT. These strategies and objectives are summarized in this publication.
10. South Carolina Campaign to Prevent Teen Pregnancy 2010 Fact Sheet. <http://www.teenpregnancysc.org/documents/2010+Teen+Pregnancy+Fact+Sheet.pdf>
11. 2009 Youth Risk Behavior Results. <http://www.education.ky.gov/KDE/Administrative+Resources/Coordinated+School+Health/Youth+Risk+Behavior+Survey.htm>



Teen Pregnancy Prevention Tool Kit

A Teen Pregnancy Prevention Tool Kit has been assembled and is available from the Adolescent Health Initiatives Coordinator in the Department for Public Health, Division of Women's Health. The following items are included in the tool kit:

- **CDC Publications- MMWR-Vital Signs: Teen Pregnancy, US 1991-2009 & CDC Fact Sheet: Preventing Teen Pregnancy in the U.S.**
- **Coalition Information– How to start and sustain a coalition, coalition activities**
- **Contraception Comparison Tool**
- **County Local Health Department Location, Phone number and Contact Information**
- **2008 Estimated Cost of Teen Pregnancy**
- **Grant writing resources**
- **Kentucky Department of Education Program of Studies regarding reproductive health and personal responsibility education**
- **Kentucky Teen Pregnancy Coalition Contact Information**
- **KRS 214.185- Kentucky law regarding diagnosis and treatment of disease, addictions or other conditions of minors**
- **List of evidence-based programs released by the Federal Office of Adolescent Health**
- **National and Kentucky data showing the trend of teen births 1999 -2009**
- **2011 State Legislators and US Congressmen**
- **2009 Teen birth rate map and county specific data table. Included is number of births, population of females ages 15-19, percent of repeat births and percent of births to 18-19 year olds**
- **Teen Pregnancy Prevention Team Contact Information**
- **Teen programs promotion to policymakers- includes guidelines for advocacy and letter writing**
- **Title V State Abstinence Grant and Personal Responsibility Education Program (PREP) Grant informational map**
- **Website resources regarding teen pregnancy prevention and engaging teens**

Contact Benita Decker, RNC at 502-564-3236 x3065 or email: Benita.decker@ky.gov to obtain a tool kit and to suggest needed additions to the toolkit. The DWH welcome evaluation commentary. Please contact us with your evaluation of this publication.



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